ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address): TELEPHONE NO: FAX NO: (OPTIONAL) E-MAIL ADDRESS (OPTIONAL) ATTORNEY FOR:	

SUPERIOR COURT OF SAN LUIS OBISPO COUNTY
Civil Court Operations
☐　　**San Luis Obispo Branch**, County Government Center,
　　　　1035 Palm Street, Rm 385, San Luis Obispo, CA93408
☐　　**Grover Beach Branch,**214 South 16th Street, Grover Beach, CA93433
☐　　**Paso Robles Branch**549 10th Street, Paso Robles, CA 93446

Plaintiff/Petitioner:

Defendant/Respondent:

REQUEST FOR DEFAULT SETTING (Domestic Relations & Civil Actions)	CASE NO:

TO THE CLERK OF THE COURT:

Request is hereby made that the within matter for (check appropriate box)

☐　　CIVIL ACTION　　　　　　　　☐　　UNLAWFUL DETAINER

☐　　DISSOLUTION　　　　　　　　☐　　NULLITY/LEGAL SEPARATION

be set on the default calendar as set forth below for the following:

☐　　for entry of default*　　　☐　　testimony

DATE: _____

TIME: _____

DEPT: _____

DATED: _____

SIGNED: _____
　　　　Attorney for moving party or party without attorney

*default not entered by clerk

CVDF010
Rev 10/22/03
Mandatory

REQUEST FOR DEFAULT SETTING
(Domestic Relations & Civil Actions)

Local rule 7.18